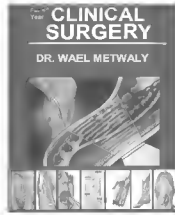


REVISION 13

UROLOGY DISORDER

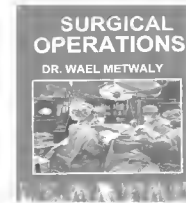
BY DR. WAEL METWALY

★ Clinical



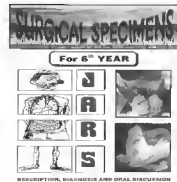
- Hypospadias

★ Operative



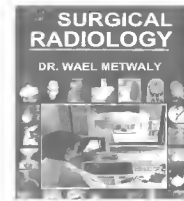
- Exposure of ureter.
- Circumcision.
- Acute urine retention.
- Management of stones.

★ Jars



- Polycystic kidney
- Solitary cyst
- Double pelvis & ureter
- Pyonephrosis
- T.B Kidney
- Stag horn stone
- Hydronephrosis & Hydroureter
- Hypernephroma
- Wilm's tumor
- Bilharzial cystitis
- Carcinoma of urinary bladder
- S.E.P.
- Cancer prostate

★ X-rays



➤ Plain X-ray:

- Urinary stones
- Calcification of U.B.
- Ectopia vesica

➤ I.V.P:

- Double ureter
- Ectopic & Ptosed kidney
- Horse shoe kidney
- Hydroureter & hydronephrosis
- Hypernephroma
- Polycystic kidney

➤ Cystography:

- Cancer U.B. & prostate

➤ Urethrography:

- Rupture urethra

➤ CT scan:

- Cancer U.B.

EXAMS

- A. Anatomy**
- B. Written Questions**
- C. Explanations**
- D. Cases**

A. ANATOMY

2007 - Describe the anatomy of the Rt. Kidney

(10 Marks)

B. WRITTEN QUESTIONS

Symptomatology

2003

- Enumerate causes of **Haematuria**.

(9 Marks) دور ثانی

2004

- Diagnosis & management of **Urine Retention**
- What are causes & treatment of **Acute Urine Retention**

(20 Marks) دور ثانی

(10 Marks)

2006

- Mention the causes of **Haematuria**.

(6 Marks)

Congenital Anomalies

2002

- Discuss **polycystic kidney**.

(12 Marks)

2003

- Discuss **Ectopia Vesica**

(9 Marks) دور ثانی

2009

- Discuss **Ectopia Vesica**

(10 Marks) دور ثانی

Traumatic Disorders

2000

- Discuss **Renal Injuries**

(15 Marks)

2002

- Discuss **Renal Injuries**

(15 Marks) دور ثانی

Inflammation

1996

- Discuss C/P & management of **Bilharziasis** of urinary bladder

(15 Marks)

2003

- Discuss pathology of **Renal T.B**

(9 Marks) دور ثانی

Urinary Stones

2001

- Mention types, C/P & complications of **Urinary Calculi**

(20 Marks)

2006

- Discuss management of **Renal Calculi**

(20 Marks) دور ثانی

2007

- Discuss the treatment of **Renal Calculi**

(10 Marks)

2008

- Describe the treatment of a **Stone lower end of the Ureter.**

(10 Marks)

2009

- A 31 years male presented with colicky Rt. loin pain. Pulse 130/min temperature 38.5°C . I.V.U reveals a stone obstructing Rt. mid-ureter. **what is the management ?**

(15 Marks)

Obstructive Uropathy

2002

- Discuss symptoms, signs & investigations of **S.E.P**

(10 Marks)

2003

- Discuss C/P of **S.E.P**

(9 Marks) دور ثانی

2005

- Discuss C/P, Investigations & Treatment of **S.E.P**

(20 Marks) دور ثانی

2006

- Discuss C/P, Investigations & Treatment of **S.E.P**

(14 Marks)

2008

- Discuss C/P of **Benign Prostatic Hyperplasia** & Enumerate complications of **B.P.H** & indications of surgery

(20 Marks) دور ثانی

Tumors

2001

- Discuss Path, C/P & Treatment of **Cancer bladder**

(20 Marks) دور ثانی

2002

- Discuss Path, C/P & Complications of **Hypernephroma**

(12 Marks)

2003

- Discuss C/P & management of **Hypernephroma** (20 Marks)

2004

- What are necessary investigations to diagnosis & treat **Prostatic cancer**. (10 Marks)

2005

- Discuss Path, C/P & Treatment of **Renal Cell Carcinoma** (20 Marks)

2008

- Describe the clinical presentations of **Renal cell carcinoma** (10 Marks)

2009

- A Male patient, complaining of heamaturia, on ordinary investigations there was no lesion, but with abdominal C.T. there was tumor mass 2 x 3 cm on the lower pole of kidney.
what is the management ? (10 Marks) دور ثانی

C. EXPLAIN

THE FOLLOWING STATEMENTS



1. Urethral catheterization is contraindicated in patient with suspected urethral injury (Kasr - دور ثانی - 2005)

- Because it can compound the damage & introduce infection.

2. The Ideal treatment of urethral injury is to do supra-pubic cystostomy (Kasr - دور ثانی - 2006)

- Same answer Q:1

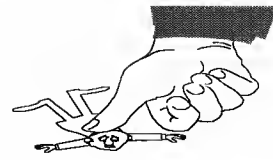
3. Painless Haematuria is a serious symptoms

- Because the commonest causes of Painless Haematuria are Hypernephroma or Transitional cell carcinoma.
(Kasr - دور ثانی - 2005)
(Kasr - دور اول - 2005)

4. Bilateral Orchiectomy is a palliative line of treatment for Metastatic cancer prostate. (Kasr - دور ثانی - 2005)
(Kasr - دور اول - 2006)

- Because Cancer Prostate is an Androgen sensitive tumor so Bilateral Orchiectomy is a suppression for Testosterone

D. CASES



Case [80] (Hypernephroma or Transitional Ca.)

A 60 year-old male presented to the surgical department by a painless Haematuria.

- Discuss the management

Case [81] (Squamous Ca. of U.B)

A 50-years-old Egyptian male presenting with long history of HSM & complaining by burning micturation & painful Haematuria.

- Discuss the management

Case [82] (Acute Urine Retention)

A 20-years-old male underwent Haemorrhoidectomy at night after the operation. He complains by urine retention

- Discuss the management

Case [83] (Renal Injury)

A 25-years-old male was injured by stab wound in Lt. loin. The patient was alert. The pulse was 120/min. ABP 90/60 mmHg & 37°C Temp. Associated with total Haematuria. Abdominal examination was free with tender Lt. loin.

- What is the management?

Case [84] (Stone ureter)

➤ A 31 years male presented with colicky Rt. loin pain. Pulse 130/min temperature 38.5 0C . I.V.U reveals a stone obstructing Rt. mid-ureter

- Discuss the management

(Kasr - دور اول - 2009)

Case [85] (Hypernephroma)

A Male patient, complaining of hematuria, on ordinary investigations there was no lesion, but with abdominal C.T. there was tumor mass 2 x 3 cm on the lower pole of kidney.

(Kasr - دور ثانی - 2009)

- Discuss the Management?

Case [86] (Cancer Prostate)

A 70-years-old male presenting with sciatica after investigations there was mass invade the Sciatic nerve & acid Phosphatase enzyme was 10 king/Armstrong unit.

- Discuss the management

بسم الله
GOOD LUCK
Dr. WAEL